

# CRIMINAL RECORDS RELEASE AUTHORIZATION FORM

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_

(Affix Seal)

DATE \_\_\_\_\_

(Comm. Exp.)

\_\_\_\_\_/DHHS

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

DATE \_\_\_\_\_